MARYLAND HEALTH CARE COMMISSION

Summary of the Healthcare-Associated Infections (HAI) Advisory Committee Meeting

April 28, 2010

Committee Members Present
Patrick Chaulk, MD, MPH
Beverly Collins, MD, MBA, MS (via telephone)
Sara E. Cosgrove, MD, MS
Jacqueline Daley, HBSc, MLT, CIC, CSPDS
Maria E. Eckart, RN, BSN, CIC
Elizabeth P. (Libby) Fuss, RN, MS, CIC (via telephone)
Wendy Gary, MHA
Anthony Harris, MD, MPH
Debra Illig, RN, MBA, CLNC
Lynne V. Karanfil, RN, MA, CIC
Peggy A. Pass, RN, BSN, MS, CIC (via telephone)
Michael Anne Preas, RN, BSN, CIC (via telephone)
Brenda Roup, PhD, RN, CIC
Patricia Swartz, MPH, MS
Kerri Thom, MD, MS
Lucy Wilson, MD, Sc.M

Committee Members Absent
Andrea Hyatt
Jean E. Lee, Pharm.D., BCPS
Carol Payne
Jack Schwartz, Esq.
Renee Webster

Commission Staff
Pam Barclay
Theressa Lee
Robin Hudson
Mariam Rahman
Eileen Witherspoon
Judy Wright

Public Attendance
Katherine Feldman, DVM, Department of Health and Mental Hygiene (via telephone)
Chris Goeschel, ScD, MPA, MPS, RN, Johns Hopkins Medicine
Beverly Miller, Maryland Hospital Association
Mary Mussman, Department of Health and Mental Hygiene (via telephone)
Katie Passaretti, MD- Johns Hopkins Hospital (via telephone)
Polly Ristaino, MS, CIC- Johns Hopkins Hospital (via telephone)
I-Fong Sun, Johns Hopkins University
Nicole Stallings, Department of Health and Mental Hygiene (via telephone)

1. Call to Order

Pam Barclay, Director, Center for Hospital Services, called the meeting to order at 1:00 p.m. and stated all who were present in person and on the phone.

2. Review of Previous Meeting Summary (March 24, 2010)

The previous meeting summary was approved.

3. Presentation: Strategies for Reducing Central Line-Associated Blood Stream Infections

Dr. Christine A. Goeschel, Director, Patient Safety and Quality Initiatives, Johns Hopkins School of Medicine, presented on strategies for reducing CLABSIs. She reviewed some of the challenges related to measuring quality and patient safety and noted the fact that healthcare quality is not improving and health disparities are not decreasing. She described how the CDC and state health departments have established partnerships with acute care facilities to reduce HAIs and measurably improve patient outcomes. She reviewed the Hopkins project which approaches CLABSI reduction through a state-wide coordinated effort involving hospitals, a hospital association or designated collaborative agency, the use of a collaborative model and standardized data collection tools. She described the two components of the Hopkins model, the Comprehensive Unit based Safety Program (CUSP) and Translating Evidence into Practice (TRiP). She described the CLABSI checklist as an important tool in guiding and monitoring compliance with protocols designed to prevent infections and noted that 24 states are currently enrolled in the program. She said a safer healthcare system requires 1) leaders committed to measuring quality and patient safety, 2) clear improvement goals and a coordinated, concise strategy to achieve them, 3) clinicians and leaders with skills and knowledge to evolve the strategy, 4) transparent and robust measures, and 5) public and institutional accountability for providers. She explained how the Michigan Keystone Project reduced the median CLABSI rate to zero and has been able to sustain that rate over several years.

Dr. Cosgrove asked why Maryland was not participating in the program. Ms. Miller said the Maryland Hospital Association is reviewing the program and many Maryland hospitals are interested in joining the project. Ms. Barclay said MHCC now has a baseline of data for CLABSIs in Maryland and there is a need to provide a strategy for tackling the issue. Ms. Barclay discussed the Maryland Health Quality and Cost Council's work on the Hospital Hand Hygiene Collaborative which is related to CLABSI prevention. Ms. Gary asked if Dr. Goeschel had any discussions with CMS related to incorporation of the project in the 10th Scope of Work. Dr. Goeschel responded that they have had some preliminary discussions with CMS on the issue. Dr. Cosgrove asked if hospital-wide surveillance for CLABSIs has been considered. Dr. Goeschel said they have spoken to CDC about that as they have hospitals currently performing hospital-wide CLABSI surveillance. She also noted that feedback from hospitals is important to determine how to proceed nationally with implementation a hospital-wide CLABSI prevention project.

4. Discussion: HAI Prevention Targets

Pam Barclay reported that according to the 2008/2009 Healthcare Worker (HCW) Influenza Vaccination Pilot Survey, the rate of HCW vaccination was 58.6% in Maryland hospitals, ranging from 30%-80%. She suggested a 25% increase in the rate could be a target by 2012 and a 50% increase by 2015. Ms. Daley asked if HCW vaccination would be mandatory. Dr. Cosgrove said no hospital will get above 88% unless the vaccination is mandated, so the State should support that effort. The group discussed establishing a vaccination target of 100% of eligible HCWs. Ms. Illig said clarity is needed for the hospitals on which employees are included in this reporting requirement as she has received questions. Ms. Pass asked why physicians were excluded from this reporting requirement; she said national patient safety goals include physicians in many of the initiatives. She said if patient safety is the goal, physicians should be included. Ms. Barclay said the group can revisit this definition. Ms. Fuss said in community hospitals there are attending physicians who have privileges but may not practice in the

hospital the entire flu season. It would be difficult to obtain their seasonal flu vaccination status. Ms. Barclay said another pilot survey may be necessary to introduce physicians into the vaccination rate to determine what issues may arise. Dr. Harris noted the vaccination rate would be the most important rate to increase of all the measures. He said for the other initiatives the targets are too high with little evidence on the benefits, such as active surveillance testing. Dr. Harris said hospitals should be empowered to mandate seasonal flu vaccination. Ms. Karanfil said hospitals would need time to order enough vaccines. Dr. Cosgrove agreed with the pilot survey- that physicians need to understand they are expected to receive the vaccine along with nurses and other HCWs. Ms. Barclay said she was asked about the categories of HCWs who received the vaccine but that data is not currently collected. Ms. Daley said availability of the vaccine could be an issue as they ran out last year. Ms. Karanfil asked if long term care facilities would be included. Ms. Barclay noted that the survey questions were incorporated into the Ambulatory Surgery Center Annual Survey. Ms. Barclay said there have been discussions with long term care facilities to collect comparable information.

Ms. Barclay said the rate for active surveillance testing (AST) for MRSA is very high for the state. The group agreed to keep the target at 95%. Dr. Cosgrove asked that the group think about allowing ICUs with very low rates of MRSA, based on the testing, to opt out of the reporting requirement. She said it is a huge resource issue and the data does not provide evidence to support active surveillance testing. Ms. Barclay said next year the committee will begin work on the MDRO module and at that point the group should revisit the relevance of AST for MRSA data collection. Ms. Daley said the focus of AST for MRSA should probably be switched to long term care and other healthcare areas.

Ms. Barclay said the targets for SCIP Inf 1,2,3,4 and 6 measures have been set at100%. She said 3 of the 5 measures are at or above 95%. Ms. Gary agreed and said there is no incentive for hospitals to move to 100%, if the target is set at 95%.

Ms. Barclay reviewed the CLABSI data which had been updated from the last meeting including the addition of the SIR (Standard Infection Ratio). She said CDC will report state-specific data using the SIR in six-month increments. Dr. Harris asked if the comparison population would stay constant versus a moving average. Ms. Barclay confirmed that the standard population would be drawn from the 2006-2008 NHSN national data. Ms. Barclay described the SIR statistic and noted that the NICU data was excluded from the CDC report. Ms. Barclay also noted that only states with mandatory reporting are included in the report. Ms. Barclay said feedback reports will be developed for all hospitals so they can see their individual hospital data relative to the state. She said the next step is to determine how to publicly report the data by hospital. Ms. Gary said the low NICU rates reflect the efforts of the NICU Collaborative currently underway. Ms. Barclay said the HHS HAI Action Plan includes a 75% reduction in SIR by location or achieving the 25th percentile as a performance improvement target. Based on current data (January – June 2009), Maryland is between 50th and 75th percentile. Dr. Harris said the short-term goal would be to reach less than 1.0 SIR as soon as possible. Ms. Fuss agreed that the public is interested in this data. Dr. Cosgrove asked that the confidence intervals associated with the SIR be added to the report.

Ms. Barclay concluded the discussion by noting that the upcoming SSI statewide training session for hospitals scheduled for May 6th will include a presentation on the CLABSI data.

5. Review and Discussion: CDC Technical Review of the Maryland HAI Prevention Plan and Next Steps

Ms. Barclay briefly summarized the CDC technical review of the Maryland quarterly report. She noted that the CDC response was very general and neutral. Ms. Barclay asked if the group wanted to make any changes to the plan to let her know.

6. Discussion: Application of NHSN Guidelines in Collecting Maryland Hospital Data on AST for MRSA in ICUs

Ms. Lee reported that a hospital had contacted staff indicating that they were using a more stringent standard for reporting AST for MRSA data to MHCC. Some hospitals have an internal standard that AST occur within 12 or 24 hours, but MHCC uses a more generous 48 hour timeframe, consistent with NHSN. Some hospitals reported data to MHCC based on the more stringent standard and would like the opportunity to correct the data submitted for public reporting. Hospitals will be provided the opportunity to correct the data for the next update of the Hospital Guide scheduled for June 2010.

7. Other Business

May 6th SSI Statewide Training Workshop

Ms. Barclay described the upcoming SSI training session to be held on May 6, 2010 at the Maryland Hospital Association's conference facility.

Release of CDC State-Specific HAI Report

Ms. Barclay said the CDC Report on CLABSI and SSI data is scheduled for release sometime in mid-May.

Status of Prevention Collaboratives

Hospital Hand Hygiene Collaborative

Ms. Barclay provided a brief update on the status of this initiative.

Acinetobacter Collaborative

Ms. Barclay reported that hospitals continue to join this collaborative and the DHMH is pleased with the response.

8. Adjournment

The meeting adjourned at approximately 3:15 p.m. The next meeting is scheduled for May 26, 2010.